

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 14-00792 BKT
MARIA IVETTE ORTIZ RIVERA	*	CHAPTER 13
<u>DEBTOR</u>	*	

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" and "J"
TO THE HONORABLE COURT:

COMES NOW, MARIA IVETTE ORTIZ RIVERA, the debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The debtor is hereby submitting ***Amended Schedules "I" and "J"***, dated April 5, 2014, herewith and attached to this motion.

2. This amendment to Schedule "I" is filed to correct the debtor's common-law spouse's income and their actual expenses.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

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Notice of Amended Schedules "I" & "J"
Case no. 14-00792 BKT13

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 7th day of April, 2014.

/s/Roberto Figueroa Carrasquillo
ROBERTO FIGUEROA CARRASQUILLO
USDC #203614
ATTORNEY FOR PETITIONER
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699 FAX 787-746-5294
Email: rfigueroa@rfclawpr.com

Fill in this information to identify your case:

Debtor 1	MARIA IVETTE ORTIZ RIVERA		
	First Name	Middle Name	Last Name

Debtor 2
(Spouse, if filing)

First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Puerto Rico

Case number 3:14-bk-792
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Occupation

Nurse

Employer's name

Corporacion Fondo Del Seguro Del

RETIREMENT PENSION

Employer's address

PO Box 365028
Number Street

PO Box 42003
Number Street

San Juan, PR 00936-5028
City State ZIP Code

San Juan, PR 00940-2203
City State ZIP Code

How long employed there? 15 years and 10 months

7 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,695.00

\$ 3,718.84

3. Estimate and list monthly overtime pay.

3. +\$ 0.00

+ \$ 0.00

4. **Calculate gross income.** Add line 2 + line 3.

4.	\$ 4,695.00
----	-------------

\$ 3,718.84

Debtor 1

MARIA IVETTE ORTIZ RIVERA
First Name Middle Name Last Name

Case number (if known) 3:14-bk-792

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 4,695.00	\$ 3,718.84
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 688.36	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 340.28	\$ 0.00
5e. Insurance	5e. \$ 602.30	\$ 115.06
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 24.00	\$ 0.00
5h. Other deductions. Specify: <u>See Schedule Attached</u>	5h. + \$ 1,318.30	+ \$ 455.56
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 2,509.24	\$ 459.06
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,185.76	\$ 3,259.78
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Christmas Bonus \$2804.64/12</u>	8h. + \$ 233.72	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 233.72	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,419.48	\$ 3,259.78
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 5,679.26	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <u>None</u>		

IN RE ORTIZ RIVERA, MARIA IVETTE

Debtor(s)

Case No. 3:14-bk-792

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
Retire	464.00	0.00
PREst HIPOTECARIO RETIRO	693.00	0.00
Fondos Unidos	1.00	0.00
Causas Beneficas	2.00	0.00
Seg Asoc Emp	7.50	0.00
Ret Seg iNCAP	11.60	0.00
AE-Asoc Empl Gob / Savings	139.20	0.00
Ahorros Aeela	0.00	111.56
Coop EMPL FSE	0.00	344.00

Fill in this information to identify your case:

Debtor 1 MARIA IVETTE ORTIZ RIVERA
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Puerto Rico

Case number 3:14-bk-792
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

7

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1 **MARIA IVETTE ORTIZ RIVERA**
First Name Middle Name Last Name

Case number (if known) **3:14-bk-792**

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	\$ 0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$ 180.00
6b. Water, sewer, garbage collection	6b.	\$ 71.51
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 0.00
6d. Other. Specify: <u>See Schedule Attached</u>	6d.	\$ 499.00
7. Food and housekeeping supplies	7.	\$ 520.00
8. Childcare and children's education costs	8.	\$ 425.00
9. Clothing, laundry, and dry cleaning	9.	\$ 85.00
10. Personal care products and services	10.	\$ 35.00
11. Medical and dental expenses	11.	\$ 30.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 460.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 80.00
14. Charitable contributions and religious donations	14.	\$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ 0.00
15b. Health insurance	15b.	\$ 0.00
15c. Vehicle insurance	15c.	\$ 0.00
15d. Other insurance. Specify: _____	15d.	\$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ 0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$ 592.00
17b. Car payments for Vehicle 2	17b.	\$ 0.00
17c. Other. Specify: _____	17c.	\$ 0.00
17d. Other. Specify: _____	17d.	\$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).	18.	\$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .		
20a. Mortgages on other property	20a.	\$ 0.00
20b. Real estate taxes	20b.	\$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e. Homeowner's association or condominium dues	20e.	\$ 0.00

Debtor 1

MARIA IVETTE ORTIZ RIVERA

First Name Middle Name Last Name

Case number (if known) **3:14-bk-792**

21. Other. Specify: See Schedule Attached

21. +\$ 2,221.75

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 5,299.26

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 5,679.26

23b. Copy your monthly expenses from line 22 above.

23b. - \$ 5,299.26

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ 380.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

IN RE ORTIZ RIVERA, MARIA IVETTE

Case No. 3:14-bk-792

Debtor(s)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

Other Utilities (DEBTOR)	
Cellular /3	355.00
Internet	45.00
Satelite	99.00
Other Expenses (DEBTOR)	
Tolls (Debtor)	25.00
Back To School \$ 400.00/12	33.00
School Expenses (Lunch, Materials, Other)	273.00
Lunch At Medical Appointments (Spouse)	30.00
Uniforms Expenses (Debtor) \$120/12	10.00
Beauty (Debtor)	55.00
Cigarettes (Spouse)	65.00
School Tuition (Annual) \$460.00/12	38.00
Tolls (Spouse)	5.00
Car Annual Registration Fees \$184/12	15.34
Lunch At Work (Debtor)	173.34
Car Maintenance (Spouse)	50.42
Car Maintenance (Debtor)	50.42
Common Law Spouse Expenses	1,351.30
School Expenses (BOOKS \$379/12)	31.59
Car Annual Registration Fees \$184/12 (SPOUSE)	15.34

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE ORTIZ RIVERA, MARIA IVETTE

Debtor(s)

Case No. 3:14-bk-792

(If known)

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 7 ^{Sch. I & J} sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: April 5, 2014

Signature:

MARIA I ORTIZ RIVERA

Debtor

Date:

Signature:

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date:

Signature:

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Label Matrix for local noticing
0104-3
Case 14-00792-BKT13
District of Puerto Rico
Old San Juan
Sun Apr 6 07:50:33 AST 2014

RELIABLE FINANCIAL SERVICES
PO BOX 21382
SAN JUAN, PR 00928-1382

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

Asociacion De Empleados De Gobierno
PO Box 70199
San Juan, PR 00936-8199

Asociacion de Empleados de Ela
PO Box 70290
San Juan, PR 00936-8290

BANCO POPULAR DE PR
Prestamo Hipotecario
PO Box 362708
San Juan, PR 00936-2708

Chld/cbna
PO Box 6497
Sioux Falls, SD 57117-6497

Coop A/C Yabucoena y/o Yabucoop
Sistema De Retiro
PO Box 1
Yabucoa, PR 00767-0001

DTOP
PO Box 41269 MINILLAS STATION
SAN JUAN, PR 00940-1269

Fondo Coop
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San Juan, PR 00940-2006

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ST LOUIS MO 63179-0034

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PO Box 6497
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SAN JUAN, PR 00902-3884

MARIA IVETTE ORTIZ RIVERA
PO BOX 1206
YABUCOA, PR 00767-1206

MONSITA LECAROS ARRIAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Radio Shack
PO Box 183015
Columbus, OH 43218-3015

(d) The Children's Place Plan
PO Box 183015
Columbus, OH 43218-3015

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)RELIABLE FINANCIAL SERVICES, INC.

P.O. BOX 21382

SAN JUAN, PR 00928-1382

End of Label Matrix

Mailable recipients 20

Bypassed recipients 1

Total 21